

A P P E N D I X

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**Commissioners' voting
on recommendations**



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In the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation, and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: At a crossroads in Medicare: Assessing payment adequacy and moving toward value-based purchasing

No recommendations

Chapter 2: Assessing payment adequacy and updating payments in fee-for-service Medicare

Section 2A: Hospital inpatient and outpatient services

2A-1 The Congress should increase payment rates for the inpatient prospective payment system by the projected increase in the hospital market basket index less 0.4 percent for fiscal year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers

No: Wolter

Absent: Wakefield

2A-2 The Congress should increase payment rates for the outpatient prospective payment system by the projected increase in the hospital market basket index less 0.4 percent for calendar year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers

No: Wolter

Absent: Wakefield

2A-3 The Congress should extend hold-harmless payments under the outpatient prospective payment system for rural sole community hospitals and other rural hospitals with 100 or fewer beds through calendar year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

Section 2B: Physician services

The Congress should update payments for physician services by the projected change in input prices less 0.8 percent in 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

Section 2C: Skilled nursing facility services

2C-1 The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Milstein, Wakefield

2C-2 The Secretary should develop a new classification system for care in skilled nursing facilities. Until this happens, the Congress should authorize the Secretary to:

- remove some or all of the 6.7 percent payment add-on currently applied to the rehabilitation RUG–III groups, and
- reallocate the money to the nonrehabilitation RUG–III groups to achieve a better balance of resources among all of the RUG–III groups.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Milstein, Wakefield

2C-3 CMS should:

- develop and use more quality indicators specific to short-stay patients in skilled nursing facilities,
- put a high priority on developing appropriate quality measures for pay for performance, and
- collect information on activities of daily living at admission and discharge.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Milstein, Wakefield

Section 2D: Home health services

The Congress should eliminate the update to payment rates for home health care services for calendar year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Milstein, Wakefield

Section 2E: Outpatient dialysis services

The Congress should update the composite rate by the projected rate of increase in the end-stage renal disease market basket index less 0.4 percent for calendar year 2006.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

Chapter 3: Issues in physician payment policy

3A The Secretary should use Medicare claims data to measure fee-for-service physicians' resource use and share results with physicians confidentially to educate them about how they compare with aggregated peer performance. The Congress should direct the Secretary to perform this function.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

3B The Secretary should improve Medicare's coding edits that detect unbundled diagnostic imaging services and reduce the technical component payment for multiple imaging services performed on contiguous body parts.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

3C The Congress should direct the Secretary to set standards for physicians who bill Medicare for interpreting diagnostic imaging studies. The Secretary should select private organizations to administer the standards.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

3D The Congress should direct the Secretary to set standards for all providers who bill Medicare for performing diagnostic imaging studies. The Secretary should select private organizations to administer the standards.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

3E The Secretary should include nuclear medicine and PET procedures as designated health services under the Ethics in Patient Referrals Act.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

3F The Secretary should expand the definition of physician ownership in the Ethics in Patient Referrals Act to include interests in an entity that derives a substantial proportion of its revenue from a provider of designated health services.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

Chapter 4: Strategies to improve care: Pay for performance and information technology

4A The Congress should establish a quality incentive payment policy for hospitals in Medicare.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

4B CMS should require hospitals to identify which secondary diagnoses were present on admission on their claims forms.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

4C The Congress should establish a quality incentive payment policy for home health agencies in Medicare.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Smith, Stowers, Wolter

Not Voting: Scanlon

Absent: Wakefield

4D The Secretary should develop a valid set of measures of home health adverse events, including adequate risk adjustment.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

4E The Congress should establish a quality incentive payment policy for physicians in Medicare.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Smith, Stowers, Wolter

Not Voting: Scanlon

Absent: Wakefield

4F CMS should require those who perform laboratory tests to submit laboratory values, using common vocabulary standards.

Yes: Bertko, Burke, Crosson, DeParle, Durenberger, Hackbarth, Milstein, Muller, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

No: DeBusk, Nelson

Absent: Wakefield

4G CMS should ensure that the prescription claims data from the Part D program are available for assessing the quality of pharmaceutical and physician care.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield

4H The Congress should direct CMS to include measures of functions supported by the use of information technology in Medicare initiatives to financially reward providers on the basis of quality.

Yes: Bertko, Burke, Crosson, DeBusk, DeParle, Durenberger, Hackbarth, Milstein, Muller, Nelson, Raphael, Reischauer, Scanlon, Smith, Stowers, Wolter

Absent: Wakefield